

Office of Information Technology-DHHS Agreement Authorization Form

Form Instructions: Please complete all applicable sections of this form and forward to OIT Agreement Administrator (Pam Munt)

Project Business Contact: _____
(Name and Phone Number)

Office/Division/Program: _____

OIT Agency IT Manager: _____
(Assigned by OIT) (Name and Phone Number)

Financial/Fiscal Contact: _____
(Agreement Coding)

Agreement Action: ☐ New ☐ Renewal ☐ Amendment
☐ Encumbered ☐ Unencumbered

☐ RFP #: _____ ☐ Requesting Sole Source (Justification Required with prior approval by Division of Purchases)

Vendor / Provider Information:

Company Name: _____
Address: _____

Phone: _____
EIN: _____

Agreement or Amendment: Start Date: _____ End Date: _____

Agreement or Amendment Amount: \$ _____

CFDA #	Account #	FY 2006 Encumbrance	FY 2007 Encumbrance	Agreement Total
1				\$0.00
2				\$0.00
3				\$0.00
4				\$0.00
5				\$0.00
6				\$0.00
7				\$0.00
8				\$0.00
9				\$0.00
10				\$0.00
Totals		\$0.00	\$0.00	\$0.00

Scope of Work to be Performed: (Described briefly the intended scope of the tasks to be performed)

Deliverable / Payment Schedule: (Attach a draft of the Deliverable / Payment Schedule)

PSM Date: _____

Agreement Number: OTMS-_____
(Assigned by OIT Agreement Administrator)